

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9938

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1372

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1920 East 71st Street Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days) 15 Years

8. (a) PRINT FULL NAME Mr. Willis Elbert Dailey

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ellen Louise Dailey 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 31 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 7 26 hr. min.

9. Birthplace Sandusky Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ---

12. Name William Dailey

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Bartlett

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss W. H. Workman

(b) Address 1920 E 71st Terrace

17. (a) Burial (b) Date thereof Mar. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Workman

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 28, 1940 M. M. Grove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1920 East 71st Street Terrace  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th  
year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from March 23, 1940, to March 24, 1940  
that I last saw him alive on March 24, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cholera Duration 3 days

Due to Arteriosclerosis

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? --- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature P. C. Dailey (M. D. or other)  
Address 404 1/2 W 5th Date signed ---

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

404 1/2 West 675th Street  
9:00 a.m.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**